# INSURER LETTERHEAD SAMPLE ONLY

### **WORKERS' COMPENSATION NOTICE OF INSURANCE**

DEPARTMENT OF LABOR (DOL) NO.: / EMPLOYER'S REGISTERED LEGAL NAME: DBA/S:	
ADDRESS:	
ENTITY:	SIC CODE:
IF SUBSIDIARY, PARENT'S NAME AND DOL NO.:	
[ ] NEW/RENEWAL://	
INSURER: POLICY NUMBER: POLICY PERIOD:	AGENT:
[ ] REINSTATEMENT EFFECTVE:/_	/
[ ] ENDORSEMENT EFFECTIVE:/_	_/
[ ] CHANGES [ ] ADDITION	[ ] DELETION (check one only)
DOL NUMBER: EMPLOYER'S REGISTERED LEGAL NAME: DBA/S: ADDRESS:	
ENTITY: POLICY NUMBER: POLICY PERIOD:	SIC CODE:
OTHER:	
[ ] CANCELLATION EFFECTIVE (file in duplicate)://  REASON: [ ] NO EMPLOYEES [ ] OUT OF BUSINESS [ ] NON-PAYMENT	
This certifies that all employees of the named employer will be provided all benefits as required by the Hawaii Workers' Compensation Law.	
Date	Authorized Signature

WC-36 (5/01)

# STATE OF HAWAII DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS DISABILITY COMPENSATION DIVISION P.O. BOX 3769 HONOLULU, HAWAII 96812

PHONE: (808) 586-9166 FAX: (808) 586-9219

#### **NOTICE OF INSURANCE INSTRUCTIONS**

#### FILING DEADLINES:

NOICE OF INSURANCE - File with DCD within 10 days of effective date of the policy.

NOTICE OF CANCELLATION - Filed with DCD at least 10 days prior to cancellation date.

# ACCURACY OF INFORMATION:

Please insure the accuracy of all information, including the Department of Labor (DOL) number and employer's name as registered with the Employer Services Section, Unemployment Insurance Division.

# POLICY COVERING MULTIPLE EMPLOYERS:

If the policy is written to a parent company, please list the parent company's name and DOL number.

#### FILING INSTRUCTIONS FOR CANCELLATIONS:

File in duplicate.

Cancellation of a POLICY covering multiple employers requires individual cancellation notice for each employer having its own DOL number. Cancellation of an EMPLOYER from a policy covering multiple employers requires an ENDORSEMENT to delete that employer.

BE SURE TO DATE AND SIGN THE FORMS.